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be widely used, especially in the university schools. The schools of nursing which give very limited time (100 hours or less) to physiology will find it pretty difficult for a regular text book, but could quite profitably make use of it as a reference.

The style is clear and readable, yet not too easy. Personally, I do not like my intelligence affronted by primer language. He uses scientific language, introducing terms which, of course, should be a part of our vocabulary.

We are indebted to Prof. Burton-Opitz for this contribution to a field occupied by perhaps only two texts,—Kimber and Gray's *Anatomy and Physiology for Nurses* and Stiles' *Human Physiology*. The former could well be used *with* this new text. The latter is perhaps too brief for our purpose.

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A MANUAL OF OBSTETRICAL NURSING. Prepared for use in connection with Text Books on Obstetrics. Nancy E. Cadmus, R.N. G. P. Putnam's Sons, New York. 100 Pages. Price, \$1.50.

The purpose of this Manual is to raise the standard of obstetrical nursing. If the outlines were followed in our schools by instructors with the aid of the supervisors, there would be brought about a definite and coöperative system which is badly needed in obstetrical nursing today, and which would secure far reaching results.

Miss Cadmus, after eleven years' experience as Superintendent of Manhattan Maternity and Dispensary of New York City, during six of which she was a member of the New York State Board of Nurses' Examiners, with the subject of Obstetrics assigned to her, realized the need for improved methods in teaching, study and supervision of this great branch of nursing. The Manual is the outgrowth of her broad and varied experience.

The first eleven chapters of the book are outlines similar to "The Plan of Study" by Miss Cadmus, found in DeLee's *Obstetrics for Nurses*. Part II gives outlines for lectures. Part III is devoted to quizzes which are planned to correlate theory with clinical methods. One wonders why this precedes instead of following Part IV. In Part IV the practical demonstrations well cover the essential procedures with which student nurses should be familiar before they are permitted to attempt the responsibility of obstetrical nursing. Part V pictures some of the marvelous results that can be obtained in the Public Health field and records those already secured by the Maternity Center Association of New York City.

Conditions prove the increasing demand for more enthusiastic

and better qualified nurses for maternity work. The Manual offers definite assistance by its concise presentation of practical plans which can be followed by coöperative workers. It offers specific and concrete help to all those who teach obstetrics.

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REPORT OF THE COMMITTEE ON THE TRAINING OF HOSPITAL EXECUTIVES.—A committee appointed under the auspices of the Rockefeller Foundation, and of which Dr. David L. Edsall, Dean of the Harvard Medical School, is Chairman, recently presented an invaluable report, which is stated to be an attempt to present a composite picture of the American Hospital, and to suggest a basis for the training of hospital executives. The following extracts indicate the wide scope of the report:

Success in the war on disease is not promised by physical equipment, numerous organizations, numbers of professional workers or even by adequate knowledge of the problems involved, but it depends primarily upon the intelligent coördination of all the efforts and an energetic, simultaneous and sustained application of all the activities, operating as an organic unit, towards the same and reasonably defined objectives. * * *

The common ground upon which the patient, the community and the professional groups meet and representing the general type of organization which, with proper amplification and development, can best meet the problems suggested, is the hospital. It evidently occupies a strategic mid-position and has open to it a great opportunity and a corresponding obligation, not as an institution for the salvage of human wreckage, but as a coördinator of activities—professional, economic and social—in their application upon the problems of health. In such a conception, the hospital represents not the administration alone, but a coöperative organization of workers and leaders devoted to the ideals of their respected professions. * * *

It is noted that although several hospitals have set up more or less formal training for hospital superintendents, particularly for graduate nurses, and a number of hospitals have long been developing similar personnel under the direction of the executive no provision for this education on a university basis has been made. * * *

The subject matter of a "course" in hospital administration is entirely subordinate to the qualifications, ideals and ability of the student, yet obviously the executive must have relative knowledge of the various activities in the field and such knowledge is best secured through actual training. What may be designated as an elementary

or *basic course* could be designed to present the objectives, ideals, function, organization, contacts and general features of hospital administration, serving at the same time as a method of learning the aptitudes as well as the limitations of the student. Such a training should embrace theoretical and practical work in the hospital-community-health problems. An intermediate course can well be provided for those who, for one or several reasons, will not take a full course of training. The major concern and the greatest contribution, however, should be in advanced work by and with a group of properly qualified individuals with vision, adequate training and industry who *can be developed into a group of leaders and investigators in the field of community health.* (Italics ours.—Ed.) * * *

The length of these various phases of a common course must be determined in part by the subject matter to be covered and by practical considerations of the student and the field to be served. Consensus of opinion is that the basic course should probably be not more than eighteen months. Since it requires about four months to adequately cover a period of practical instruction in hospital operation, and a period of two months should be allowed for visiting other institutions and for final conferences, a total period of fifteen months seems to be the optimum length of the basic course, allowing a full nine months (corresponding to a university year) for theoretical-demonstration work. Possibly additional work in summer session should be given.

Suggested course: I. Public Health (20%); II. Social Sciences (15%); III. Organization (15%); IV. Hospital Functions and History (10%); V. Business Science (10%); VI. Institutional Management (10%); VII. Personnel Administration (5%); VIII. Community Hospital Needs (5%); IX. Physical Plant (5%); X. Jurisprudence (5%).

At the completion of this academic-demonstration-conference period of nine months, six months of practical work should follow under educational supervision, the first four months to be spent in visiting hospitals of different types, sizes and organizations with the aim of learning adaptations and modifications which are necessary to meet different situations. A final period could be best spent in a seminar of interpretation conferences and discussions. This whole course would not produce a finished hospital executive, but would provide a reasonably good background for future development either in the field of practical hospital and community health administration or for more advanced work in health economics. * * *

Methods of stimulating and helping the large number of hospital superintendents now on the field will tend to elevate the entire level of health service. Provisions in a training center for promoting activities of this character would be highly desirable and helpful both to the field and to the center.